U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6240	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name HENRY F. FOLEY	Name FRON WORKERS LOCAL#3			
	Labor Organization File Number 013-253			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7 S, JEFFERSON AVE, #1	Street 2201 LIBERTY AVE.			
City CANONS BURG	City PITTSBURGH			
State PA ZIP Code + 4 153/7	State A ZIP Code +4 15222			
5. Position in labor organization. BUSINESS AGEN				
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests			
(except as specified in the excl	usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name	The state of the s			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Sign	nature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the			
Signed Henry F Foly	On 8-9-05 724-746-2559			
Form I M-30 (2003)	Date Telephone Number			

Name of Person Filing HENRY F. FOLEY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name UPMC HEALTH PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE CHATHAM CENTER 1/2 WASHINGTON PLACE City PITTSBURGH State PA ZIP Code + 4 15219	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. 7/27/04 GOLF OUTING	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	4200,00
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing HENRY F. FOLEY	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name TUCKER ARENSBERG Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1500 ONE PPG PLACE City PITTSBURGH State PA ZIP Code + 4 15222	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. 6/4/04 GOLF OUTING				
Street	11.b. Approximate dollar value of such dealing.	#175,00			
State ZIP Code + 4	12.a. Nature of interest held or income received.				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	r parts A and B above) or other thing of value. 14.a. Nature of payment.				
P.O. Box, Bldg., Room No., if any Street City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing HENRY F. FOLEY		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activities (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name WACHOVIA RETIREMENT SERVICES Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 S. TRYON ST. City CHARLOTTE State NC ZIP Code + 4 28288	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deals HOTEL, DAILY REGARDING INFORMATION	ing. (HEALS) + TRAVEZEX TOUR OF CUSTOMEN CENTER 5/8/04-	1/ENSE R. 5/9/04
Street	11.b. Approximate dollar valu	ue of such dealing. 41, 600, 6	20
City	12.a. Nature of interest hele	•	
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		era era in in a creativa era in anti-arrespersario de des interes esta in interes de la creativa del creativa de la creativa del creativa de la creativa del la creativa de la creativa del la creativa de la creativa d	4
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Street	Part Viscola City		philite december of
City			edimental de manado de las comos de las como
State ZJP Code + 4	The state of the s		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		